PATENT ADDITION FOR DETERMINATION DECORE									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2003								10771627					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
TOTAL CLAIMS			21					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS.			2 minus 20=		*			X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS) minus 3 =		*	8		X43=	1	OR	X86=	10	
MI	ULTIPLE DEPE	NDENT CLAIM P	RESENT				-	+145=	1	OR	+290=		
* If the difference in column 1 is less than zero, en					"0" in (column 2	ı	TOTAL		OR	TOTAL	788	
CLAIMS AS AMENDED - PART II										J	OTHER	THAN	
_	(Column 1) (Column 2) (Column							SMALL	ENTITY	OR	SMALL		
AMENDMENT A	5/31/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 19	Minus	* L	2/	= /		X\$ 9=		ОЯ	X\$18=		
	Independent	* /	Minus	PENDENT	,	-/		X43=		OR	X86=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+145=		OR	+290=	•	
	·					L A	TOTAL		OR	TOTAL ADDIT, FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=] [X\$ 9=		OR	X\$18=		
AME	Independent	PRESENTATION OF MULTIPLE DEPENDENT		<u> </u>	Cl A154	=	Ī	X43=		OR	X86=		
TOTAL OF MOETIFIE DEFENDENT CLAIM								+145=		OR	+290=		
								TOTAL			TOTAL ADDIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)	•	5011.1 22	·		ADDII. FEE		
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= :	Γ	X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	C1 A 11.4	=		X43=		OR	X86=		
L	O. FRESE	TATION OF MU		CNUENI	CLAIM			+145=		OR	+290=		
• If the entry in column 1 is less than the entry in column 2, write *0" in column 3. • If the *Highest Number Previously Paid For IN THIS SPACE is less than 20 enter *20.										OB L	TOTAL		
[1	the "Highest Nur	mber Previously Paid ber Previously Paid	id For' IN THIS	S SPACE is I	ess than	3 enter "3"		DOIT. FEE d in the ap	propriate box		VDDIT. FEE L JMN 1.		
		•				-					•	i	